



# CG-DA/MA INDIANA APPLICATION FOR DISTRIBUTORS, MANUFACTURERS, AND MANUFACTURERS/DISTRIBUTORS

State Form 45387 (R3/7-07)

INDIANA GAMING COMMISSION

For Official Use Only

License Fee Paid \_\_\_\_\_

Date Received \_\_\_\_\_

Reviewed By \_\_\_\_\_

Date Reviewed \_\_\_\_\_

Date Keyed \_\_\_\_\_

**INSTRUCTIONS:** If the application is incomplete, it will be returned to you and processing will be delayed. Please type or print. Please enclose license fee. Attach additional sheets if necessary.

<b>1. Type of License</b> (1) <input type="checkbox"/> Distributor - \$5,000.00 License Fee (2) <input type="checkbox"/> Manufacturer - \$5,000.00 License Fee (3) <input type="checkbox"/> Manufacturer/Distributor - \$10,000.00 License Fee		<b>2. Type of Application</b> (1) <input type="checkbox"/> New (2) <input type="checkbox"/> Renewal (3) <input type="checkbox"/> Report Charges (4) <input type="checkbox"/> Cancel		<b>3. Type of Ownership</b> (1) <input type="checkbox"/> Sole Proprietorship (2) <input type="checkbox"/> Renewal (3) <input type="checkbox"/> Report Charges (4) <input type="checkbox"/> Cancel (5) <input type="checkbox"/> Domesticated Corporation (6) <input type="checkbox"/> Limited Liability Company (7) <input type="checkbox"/> Other _____	
<b>4. If the applicant is a corporation or limited liability company, under laws of what state has it been incorporated or formed?</b>  _____		<b>5. For noncorporate out-of-state applicants, designate a natural person at least 19 years of age, who is a resident of and living in Indiana as a resident agent.</b>			
		Name		Daytime Telephone Number (       )	
		Street or Other Mailing Address			
		City		State	Zip Code
<b>6. Applicant's Name</b>				Doing Business As	
<b>7. Street Address of Principal Office (Do not enter a P.O. Box Number)</b>				Contact Person	
City	State	Zip Code	County	Daytime Telephone Number (       )	
<b>8. Federal Identification Number</b>		<b>9. Indiana Tax Identification Number (TID) (if applicable)</b>		<b>10. Email Address</b>	
<b>11. List the full name, home address, and date of birth for each of the following persons involved with the business named in this application:</b> a. If a sole proprietorship, list the individual owner b. If a partnership, list each partner c. If a limited liability company, list each member d. If a corporation, list each officer and each person or entity holding ten percent or more of the debt or equity of the applicant corporation. If any entity holding ten percent or more of the debt or equity of the applicant corporation is a partnership, limited liability company, or corporation, list each partner of such partnership, each member of such limited liability company, or each officer of such corporation and every person or entity holding ten percent or more of the debt or equity of any such partnership or corporation (attach list if more space is required). e. If employed in a managerial position with the business.					
Name, Address, City, State, Zip Code			Title	Date of Birth	Percentage of Ownership
					Telephone Number

12. Are any of the persons listed in number eleven (11) an owner, partner, officer, director, or employee of another entity that is licensed as an Indiana Manufacturer or Distributor? **\*If so**, provide the following information.

Full Legal Name	Affiliation	Capacity

13. Does the applicant business have offices, warehouses, or other outlets or facilities in addition to the location address listed above where gaming equipment and/or supplies are stored, sold, or manufactured?

☐ YES ☐ NO

13a. If Yes, attach a list identifying the complete name, address, and telephone number of each location.

14. Does the applicant business have employees actively engaged in the marketing of gaming supplies and/or equipment in Indiana?

☐ YES ☐ NO

14a. If Yes, attach a list identifying the complete name, home address, and telephone number of such employee.

15. Does the applicant business currently hold any type of gaming-related license in any other state?

☐ YES ☐ NO

15a. If Yes, attach a list identifying each state, the type of license(s) held, the license number, and the period of time.

16. Has the applicant business ever been denied a gaming-related license in any state or had such license(s) canceled, suspended or revoked?

☐ YES ☐ NO

16a. If Yes, attach a list identifying the state, the license action(s) taken, and the date(s) of such action.

17. Provide a list of the charity gaming supplies, equipment and devices you sell to licensed distributors or to qualified organizations in Indiana.

18. Certification

I will comply with all of the provisions of the Indiana Charity Gaming statute and administrative rule. I declare under the penalties of perjury, that this is to the best of my knowledge and belief a true, correct, and complete application.

\_\_\_\_\_  
Signature of Presiding Officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Date

**Mail the completed application to:**

Indiana Gaming Commission  
Charity Gaming Division  
101 W. Washington St., East Tower, Suite 1600  
Indianapolis, IN 46204  
Phone: (317) 232-4646  
Authority: IC 4-32.2

**This application cannot be processed without a payment**